

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09781090	FILING DATE 02-12-01				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			51					
2		/	/			52					
3		/	/			53					
4		/	/			54					
5		/	/			55					
6	/	/	/			56					
7		/	/			57					
8		/	/			58					
9		/	/			59					
10		/	/			60					
11		/	/			61					
12		/	/			62					
13		/	/			63					
14		/	/			64					
15		/	/			65					
16		/	/			66					
17		/	/			67					
18		/	/			68					
19						69					
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40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2	2	2			TOTAL IND.					
TOTAL DEP.	4	4	4			TOTAL DEP.					
TOTAL CLAIMS	6	6	6			TOTAL CLAIMS					